

Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/069687		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		1		1		1	53				
4		1		3		3	54				
5		4		3		1	55				
6		4		3		1	56				
7		4		0		0	57				
8		0		0		1	58				
9		0		0	1		59				
10		0		0		1	60				
11		0		0		1	61				
12		0		0		0	62				
13		0		0		1	63				
14		0		0		1	64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1		2		TOTAL IND.				
TOTAL DEP.	22		19		14		TOTAL DEP.				
TOTAL CLAIMS	23		20		16		TOTAL CLAIMS				